CLAIMS ONLY

Application Number	Filing Date
09-836746	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
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25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33	1					
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46	—	—				
47	1					
48		1				
49		1				
50		1				
Total Indep	3					
Total Depend	46					
Total Claims	49					

CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51		1				
52						
53						
54						
55						
56						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	0					
Total Depend	1	50				
Total Claims	1					